FEC

STATEMENT OF

FORM 1	ORGANIZATION	
i Oitin i	(See instructions)	Office use only
NAME OF COMMITTEE (in	full) (Check if name Example: If typying, typ over the lines	12FE4M5
Forward Toge	ther PAC	
ADDRESS (number and	street) 201 North Union Street	
(Check if address is changed)	Suite 300	
	Alexandria	VA 22314 – 2650
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	KMBInc01@aol.com	
3 11 11 3 11 7		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	http://www.forwardtogethernac.com/	
	'	
2. DATE 0.5	0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00412791	
4. IS THIS STATEM	MENT X NEW (N) OR AMENDED (A)
I certify that I have exami	ined this Statement and to the best of my knowledge and belief it is true, cor	rrect and complete
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Type or Print Name of	Treasurer Gerald S. McGowan	
Signature of Treasurer	Electronically Filed by Gerald S. McGowan	_ Date 05 / 05 / 2010
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject the person signing the	,
Office		
Office Use Only	For further inform Federal Election Co Toll Free 800-424-	ommission FEC FORM 1